



Your business  
is our business.

REDACTED FOR PUBLIC INSPECTION

7852 Walker Drive, Suite 200  
Greenbelt, Maryland 20770  
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June 9, 2015

**Via Hand Delivery**

Marlene H. Dortch, Secretary  
Federal Communications Commission  
Office of the Secretary  
445 12<sup>th</sup> Street, SW  
Washington, DC 20554

**Re: WC Docket No. 10-90, WC Docket No. 11-42, WC Docket No. 14-58  
2015 ETC Annual Report of Lockhart Telephone Company  
Study Area Code 240532**

Dear Ms. Dortch:

On behalf of Lockhart Telephone Company ("Company"), JSI files the attached confidential and redacted versions of the FCC Form 481 ETC annual reporting information pursuant to sections 54.313 and 54.422 of the Commission's rules.<sup>1</sup> Company seeks confidential treatment under Protective Order for section 54.313(f)(2) financial information.<sup>2</sup> The redacted version is also being filed this date via the FCC's Electronic Comment Filing System. In addition, attached is a letter requesting confidential treatment under Sections 0.457 and 0.459 of its Progress Report on its Five-Year Service Quality Improvement Plan as required by Section 54.313(a)(1).<sup>3</sup>

Please direct any questions regarding the filing to the undersigned.

Sincerely,

John Kuykendall  
JSI Vice President  
301-459-7590  
[jkuykendall@jsitel.com](mailto:jkuykendall@jsitel.com)

cc: Charles Tyler, Telecommunications Access Policy Division (two copies, confidential)

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<sup>1</sup> 47 C.F.R. §§ 54.313, 54.422.

<sup>2</sup> *Connect America Fund et al.*, WC Docket No. 10-90 *et al.*, Protective Order, DA 12-1857 rel. Nov. 16, 2012 (Protective Order). 47 C.F.R. § 54.313(f)(2).

<sup>3</sup> 47 C.F.R. §§ 0.457, 0.459, 54.313(a)(1).



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June 9, 2015

Marlene H. Dortch, Secretary  
Federal Communications Commission  
Office of the Secretary  
445 12<sup>th</sup> Street, SW  
Washington, DC 20554

**Re: WC Docket No. 10-90, WC Docket No. 11-42  
2015 ETC Annual Report of Lockhart Telephone Company, Inc.  
Study Area Code 240532  
Request for Confidentiality**

Dear Ms. Dortch:

John Staurulakis, Inc. (“JSI”), on behalf of its client Lockhart Telephone Company, Inc. (“Company”) hereby requests, pursuant to Sections 0.457 and 0.459 of the Commission’s rules,<sup>1</sup> withholding from public inspection certain information contained in an attachment to the above referenced reporting requirement. The Company provides the following in support of its request, numbered consistent with the subparagraphs of Section 0.459(b).<sup>2</sup>

1. The information for which the Company is seeking confidential treatment is an attachment to the Company’s annual reporting information pursuant to Sections 54.313 and 54.422 of the Commission’s rules (“Report”).<sup>3</sup>
2. Pursuant to Section 54.313(a)(1), Rate-of-Return Eligible Telecommunications Carriers (“ETCs”) must file with the Commission a Progress Report on its Five-Year Service Quality Improvement Plan (“Progress Report”) which is contained in the attachment to the 2015 Report.<sup>4</sup>
3. The information contained in attachment for which the Company seeks the withholding from public inspection is the entirety of data pertaining to the Company’s Five-Year Plan provided at FCC Form 481 Line 112 attachment. Information of this nature is confidential commercial information routinely withheld from public inspection.

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<sup>1</sup> 47 C.F.R. §§ 0.457, 0.459.

<sup>2</sup> 47 C.F.R. § 0.459(b)(1) through (9).

<sup>3</sup> 47 C.F.R. §§ 54.313, 54.422.

<sup>4</sup> 47 C.F.R. §§ 54.313(a)(1).

4. With respect to identifying the degree to which the subject attachment concerns a service that is subject to competition, the information is of a financial and competitive nature regarding the provision of telecommunications services. The Line 112 attachment contains competitively sensitive information related to proposed improvements or upgrades and maintenance the Company's network.

In its *March 5, 2013 Order*, the FCC. The FCC specified that for rate-of-return carriers, the five-year plans "should describe the carrier's network improvement plan, which should provide greater visibility into current plans to extend broadband service to unserved locations in rate-of-return service territories."<sup>5</sup> The Company's Progress Report updates this information as well as provides maps and detailed information as to whether or not network improvement objectives were achieved at the wire center level. Accordingly, because the Company is a rate-of-return carrier, it must file Progress Reports which contain proprietary, competitively sensitive information related to the Company's existing network including the specific locations of customers as well as describe proposed improvements or upgrades and maintenance of its network throughout its service area. Specifically, this information sets forth services provided by the Company over its existing network including specific locations of customers as well as planned network improvement and maintenance for the years 2015 through 2019 including project start and completion dates, population that will be impacted by the improvements and upgrades at the wire center level and projected capital costs associated with the improvements and upgrades and operating costs associated with maintaining the network including depreciation for investments that have already been made. As such, this information contains competitively sensitive information related to the Company's existing network as well as detailed plans at the wire center level for network upgrades and maintenance projected for the years 2015 through 2019.

5. With respect to identifying possible exposure to competitive harm, the information contained in the Line 112 attachment is information that is not customarily released to the public. This information is proprietary to the Company, is unique to the Company's serving territory and is only known to the Company and its authorized agents. If the Information is not protected, it would have economic value to potential competitors who would be able to target their marketing to specific customers. In a competitive telecommunications marketplace, this type of information is highly sensitive. If publicly disclosed, it would enable competitors to craft business plans that capitalize on their knowledge of the locations of the Company's customers which would place the Company at a competitive disadvantage.

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<sup>5</sup> See *Connect America Fund et al.*, WC Docket 10-90 *et al.*, Order, DA 13-332 (rel. Mar. 5, 2013) ("*March 5, 2013 Order*") at para 9 citing Section 54.202(a) (1) (ii).

6. With respect to steps the Company has taken to ensure against unauthorized disclosure of the information contained in the attachment, the Company is filing the attachment under seal. The Company uses the information contained in the Five-Year Plan to ensure that its customers continue to receive state-of-the-art high quality telecommunications and broadband services that the Company has been providing to them for many years as well as to satisfy mandatory reporting requirements and does not share the information for which protection is sought. The Company protects the secrecy of this information with a security protocol that ensures the information is not inadvertently disclosed or disseminated. Only directors, managers and employees with a direct need to know are authorized to access the information.
7. Any previous versions of this information are not publicly available.
8. Because the information is not routinely available, a need exists for maintaining the confidentiality of this information permanently.
9. Not applicable.

Based on the preceding, JSI respectfully requests on behalf of the Company that the Commission grant confidential treatment under Section 0.459 to Company's Five-Year Plan provided at FCC Form 481 Line 112 attachment.

Please contact the undersigned with any questions regarding this request.

Sincerely,



John Kuykendall  
JSI Vice President  
301-459-7590  
[jkuykendall@jsitel.com](mailto:jkuykendall@jsitel.com)

**FCC Form 481 - Carrier Annual Reporting  
Data Collection Form**

REDACTED - FOR PUBLIC INSPECTION

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<010> Study Area Code	240532
<015> Study Area Name	LOCKHART TEL CO INC
<020> Program Year	2016
<030> Contact Name: Person USAC should contact with questions about this data	Thomas T. Harper
<035> Contact Telephone Number: Number of the person identified in data line <030>	8035819164 ext.
<039> Contact Email Address: Email of the person identified in data line <030>	tharper@truvista.biz

ANNUAL REPORTING FOR ALL CARRIERS	54.313 Completion Required	54.422 Completion Required
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<100> Service Quality Improvement Reporting	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<200> Outage Reporting (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210> <input checked="" type="checkbox"/> <-- check box if no outages to report		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<300> Unfulfilled Service Requests (voice)	0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<310> Detail on Attempts (voice)	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<320> Unfulfilled Service Requests (broadband)	0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<330> Detail on Attempts (broadband)	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<400> Number of Complaints per 1,000 customers (voice)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<410> Fixed	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<420> Mobile	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<430> Number of Complaints per 1,000 customers (broadband)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<440> Fixed	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<450> Mobile	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510> 240532sc510.pdf	(attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600> Functionality in Emergency Situations	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610> 240532sc610.pdf	(attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700> Company Price Offerings (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<710> Company Price Offerings (broadband)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<800> Operating Companies and Affiliates	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900> Tribal Land Offerings (Y/N)?	(if yes, complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1000> Voice Services Rate Comparability Certification	Yes	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1010>	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1100> Certify whether terrestrial backhaul options exist (Yes or No)	(if not, check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1110>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet**

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<2005>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet**

<3000>	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<3005>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

(100) Service Quality Improvement Reporting  
Data Collection Form

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<010>	Study Area Code	240532
<015>	Study Area Name	LOCKHART TEL CO INC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data Thomas T. Harper	
<035>	Contact Telephone Number - Number of person identified in data line <030> 8035819164 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030> tharper@truvista.biz	
<110>	Has your company received its ETC certification from the FCC? If your answer to Line <110> is yes, do you have an existing "5 year plan" filed with the FCC?	<div><input type="radio"/> (yes / no )</div> <div><input checked="" type="radio"/> (yes / no )</div>
<111>		<div><input type="radio"/> (yes / no )</div> <div><input type="radio"/> (yes / no )</div>

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

240532sc112.pdf

Name of Attached Document

Please select the appropriate responses below (Yes, No, Not Applicable) to confirm that the attached document(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to §54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

<113>	Maps detailing progress towards meeting plan targets	<div>Yes</div>
<114>	Report how much universal service (USF) support was received	<div>Yes</div>
<115>	How much (USF) was used to improve service quality and how support was used to improve service quality	<div>Yes</div>
<116>	How much (USF) was used to improve service coverage and how support was used to improve service coverage	<div>Yes</div>
<117>	How much (USF) was used to improve service capacity and how support was used to improve service capacity	<div>Yes</div>
<118>	Provide an explanation of network improvement targets not met in the prior calendar year.	<div>Not Applicable</div>

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**(200) Service Outage Reporting (Voice)  
Data Collection Form**

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<010>	Study Area Code	240532
<015>	Study Area Name	LOCKHART TEL CO INC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Thomas T. Harper
<035>	Contact Telephone Number - Number of person identified in data line <030>	8035819164 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tharper@ruvista.biz

[illegible]

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**(700) Price Offerings including Voice Rate Data  
Data Collection Form**

<010>	Study Area Code	240532
<015>	Study Area Name	LOCKHART TEL CO INC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Thomas T. Harper
<035>	Contact Telephone Number - Number of person identified in data line <030>	8035819164 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tharper@truvista.biz

1/1/2015
16.63

<701> Residential Local Service Charge Effective Date	1/1/2015
<702> Single State-wide Residential Local Service Charge	16.63

[illegible]





(800) Operating Companies  
Data Collection Form  
FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<010>	Study Area Code	240532
<015>	Study Area Name	LOCKHART TEL CO INC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Thomas T. Harper
<035>	Contact Telephone Number - Number of person identified in data line <030>	8035819164 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tharper@truvista.biz
<810>	Reporting Carrier	Lockhart Telephone Company
<811>	Holding Company	Chester Telephone Company
<812>	Operating Company	Lockhart Telephone Company

[illegible]

(900) Tribal Lands Reporting  
Data Collection Form

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<010>	Study Area Code	240532
<015>	Study Area Name	LOCKHART TEL CO INC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Thomas T. Harper
<035>	Contact Telephone Number - Number of person identified in data line <030>	8035819164 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tharper@truvista.biz
<910>	Tribal Land(s) on which ETC Serves	
<920>	Tribal Government Engagement Obligation	

If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

Select  
Yes or No or  
Not Applicable

<921>

Needs assessment and deployment planning with a focus on Tribal community anchor institutions.

<922>

Feasibility and sustainability planning;

<923>

Marketing services in a culturally sensitive manner;

<924>

Compliance with Rights of way processes

<925>

Compliance with Land Use permitting requirements

<926>

Compliance with Facilities Siting rules

<927>

Compliance with Environmental Review processes

<928>

Compliance with Cultural Preservation review processes

<929>

Compliance with Tribal Business and Licensing requirements.

Name of Attached Document

(1100) No Terrestrial Backhaul Reporting  
Data Collection Form

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<010>	Study Area Code	240532
<015>	Study Area Name	LOCKHART TEL CO INC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	
<035>	Contact Telephone Number - Number of person identified in data line <030>	Thomas T. Harper 8035819164 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tharper@truvista.biz

<1120> Please confirm whether terrestrial backhaul options exist within the supported area pursuant to § 54.313(g) (Yes, No).

<1130> Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(g).

<b>(1200) Terms and Condition for Lifeline Customers</b>		FCC Form 481
<b>Lifeline</b>		OMB Control No. 3060-0986/OMB Control No. 3060-0819
<b>Data Collection Form</b>		July 2013

<010>	Study Area Code	240532
<015>	Study Area Name	LOCKHART TEL CO INC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Thomas T. Harper
<035>	Contact Telephone Number - Number of person identified in data line <030>	8035819164 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tharper@truvista.biz

<1210>	Terms & Conditions of Voice Telephony Lifeline Plans	<div>240532sc1210.pdf</div>	Name of Attached Document
<1220>	Link to Public Website	HTTP	

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	<input checked="" type="checkbox"/>
<1222>	Details on the number of minutes provided as part of the plan,	<input checked="" type="checkbox"/>
<1223>	Additional charges for toll calls, and rates for each such plan.	<input checked="" type="checkbox"/>

<b>(2000) Price Cap Carrier Additional Documentation</b>		FCC Form 481	
<b>Data Collection Form</b>		OMB Control No. 3060-0986/OMB Control No. 3060-0819	
<i>Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers</i>		July 2013	

<010>	Study Area Code	240532
<015>	Study Area Name	LOCKHART TEL CO INC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Thomas I. Harper
<035>	Contact Telephone Number - Number of person identified in data line <030>	803551916 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tharper@truwista.biz

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

**Incremental Connect America Phase I reporting**

<2010>	2nd Year Certification {47 CFR § 54.313(b)(1)i}	
<2011a>	3rd Year Certification {47 CFR § 54.313(b)(1)ii}	
<2011b>	Attachment {47 CFR § 54.313(b)(1)ii}	

**Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}**

<2012>	2013 Frozen Support Calculation {47 CFR § 54.313(c)(1)}	
<2013>	2014 Frozen Support Calculation {47 CFR § 54.313(c)(2)}	
<2014>	2015 Frozen Support Calculation {47 CFR § 54.313(c)(3)}	
<2015>	2016 and future Frozen Support Calculation {47 CFR § 54.313(c)(4)}	

**Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}**

<2016>	Certification Support Used to Build Broadband	
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**Connect America Phase II Reporting {47 CFR § 54.313(e)}**

<2017>	3rd year Broadband Service Certification	
<2018>	5th year Broadband Service Certification	
<2019>	Interim Progress Certification	
<2020>	Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	
<2021>	Interim Progress Community Anchor Institutions	

Name of Attached Document(s) Listing Required Information

(3000) Rate Of Return Carrier Additional Documentation

Data Collection Form

<010>	Study Area Code	240532
<015>	Study Area Name	LOCKHART TEL CO INC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Thomas T. Harper
<035>	Contact Telephone Number - Number of person identified in data line <030>	8035819164 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tharper@trivista.biz

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

(3010) Progress Report on 5 Year Plan  
Milestone Certification (47 CFR § 54.313(f)(1)(ii))

240532sc3010.pdf

Name of Attached Document Listing Required Information

(3011) Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

☒

(3012) Community Anchor Institutions (47 CFR § 54.313(f)(1)(iii))

240532sc3012.pdf

Name of Attached Document Listing Required Information

(3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))

(3014) If yes, does your company file the RUS annual report

☒ Yes/No  
☐ Yes/No

☐ Yes/No  
☐ Yes/No

Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

(3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)

☐

(3016) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

☐

(3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation

240532sc3017.pdf

Name of Attached Document Listing Required Information

(3018) If the response is no on line 3014, Is your company audited?

☒ Yes/No  
☐ Yes/No

If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains

(3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications

☒

(3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

☒

(3021) Management letter and audit opinion issued by the independent certified public accountant that performed the company's financial audit

☒

If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

(3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,

☐

(3023) Underlying information subjected to a review by an independent certified public accountant

☐

(3024) Underlying information subjected to an officer certification.

☐

(3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

☐

240532sc3026.pdf

Name of Attached Document Listing Required Information

(3026) Attach the worksheet listing required information

<010>	Study Area Code	240532
<015>	Study Area Name	LOCKHART TEL CO INC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Thomas T. Harper
<035>	Contact Telephone Number - Number of person identified in data line <030>	8035819164 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tharper@truvista.biz

Financial Data Summary

(3027) Revenue	
(3028) Operating Expenses	
(3029) Net Income	
(3030) Telephone Plant In Service(TPIS)	
(3031) Total Assets	
(3032) Total Debt	
(3033) Total Equity	
(3034) Dividends	



<b>Certification - Reporting Carrier Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	240532
<015>	Study Area Name	LOCKHART TEL CO INC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Thomas T. Harper
<035>	Contact Telephone Number - Number of person identified in data line <030>	8035819164 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tharper@truvista.biz

**TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:**

<b>Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients</b>	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

<b>Certification - Agent / Carrier Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	240532
<015> Study Area Name	LOCKHART TEL CO INC
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Thomas T. Harper
<035> Contact Telephone Number - Number of person identified in data line <030>	8035819164 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	tharper@truvista.biz

**TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:**

<b>Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier</b>
I certify that (Name of Agent) <u>John Staurulakis Inc.</u> is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.
Name of Authorized Agent: <u>John Staurulakis Inc.</u>
Name of Reporting Carrier: <u>LOCKHART TEL CO INC</u>
Signature of Authorized Officer: <u>CERTIFIED ONLINE</u> Date: <u>06/08/2015</u>
Printed name of Authorized Officer: <u>Thomas Harper</u>
Title or position of Authorized Officer: <u>Vice President-Administration &amp; Regulatory Affairs</u>
Telephone number of Authorized Officer: <u>8035819164 ext.</u>
Study Area Code of Reporting Carrier: <u>240532</u> Filing Due Date for this form: <u>07/01/2015</u>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

**TO BE COMPLETED BY THE AUTHORIZED AGENT:**

<b>Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier</b>
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.
Name of Reporting Carrier: <u>LOCKHART TEL CO INC</u>
Name of Authorized Agent or Employee of Agent: <u>John Staurulakis, Inc.</u>
Signature of Authorized Agent or Employee of Agent: <u>CERTIFIED ONLINE</u> Date: <u>06/08/2015</u>
Printed name of Authorized Agent or Employee of Agent: <u>Lans Chase</u>
Title or position of Authorized Agent or Employee of Agent: <u>Staff Director - Regulatory</u>
Telephone number of Authorized Agent or Employee of Agent: <u>7705692105 ext.1</u>
Study Area Code of Reporting Carrier: <u>240532</u> Filing Due Date for this form: <u>07/01/2015</u>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

## Attachments

REDACTED - FOR PUBLIC INSPECTION

**REDACTED – FOR PUBLIC INSPECTION**

**ATTACHMENT - LINE 112**

**Five-Year Network Improvement Plan and  
Progress Report For**

**ATTACHMENT REDACTED IN ENTIRETY**

**Lockhart Telephone Company, Inc.  
Demonstration of Complying with Applicable Service Quality Standards and  
Consumer Protection Rules for Voice and Broadband**

In establishing this certification in its *2005 ETC Order*,<sup>1</sup> the FCC found that an ETC must make “a specific commitment to objective measures to protect consumers.”<sup>2</sup> The FCC found that for wireless ETCs, compliance with CTIA’s Consumer Code for Wireless Service would satisfy this requirement and that the sufficiency of other commitments would be considered on a case-by-case basis.<sup>3</sup> In this context, the FCC stated, “to the extent a wireline or wireless ETC applicant is subject to consumer protection obligations under state law, compliance with such laws may meet our requirement.”<sup>4</sup>

Lockhart Telephone Company, Inc. (“Company”) hereby certifies that it is in compliance with applicable service quality standards and consumer protection rules. Lockhart is subject to consumer protection obligations under both federal and South Carolina state law. These obligations include, but are not limited to, the following: (1) filing a Local Exchange Tariff pursuant to the requirements of the Public Service Commission of South Carolina which disclose rates, and terms and conditions of service to customers (Section 103-612.2.1 of the South Carolina Code of Regulations); (2) adherence to state consumer protection requirements governing telephone providers which govern Standards and Quality of Service (Sections 103-661, 103-662, and 103-663 of the South Carolina Code of Regulations); Customer Relations, including billing,

<sup>1</sup> *Federal-State Joint Board on Universal Service*, CC Docket No. 96-45, Report and Order, FCC 05-46 (rel. Mar. 17, 2005) (“*2005 ETC Order*”).

<sup>2</sup> *Id.* at para. 28.

<sup>3</sup> *Id.* The FCC noted that under the CTIA Consumer Code, wireless carriers agree to: “(1) disclose rates and terms of service to customers; (2) make available maps showing where service is generally available; (3) provide contract terms to customers and confirm changes in service; (4) allow a trial period for new service; (5) provide specific disclosures in advertising; (6) separately identify carrier charges from taxes on billing statements; (7) provide customers the right to terminate service for changes to contract terms; (8) provide ready access to customer service; (9) promptly respond to consumer inquiries and complaints received from government agencies; and (10) abide by policies for protection of consumer privacy.” *Id.* at n. 71.

<sup>4</sup> *Id.* at n. 72.

deposits, discontinuance and termination of service (Sections 103-620 through 103-633 of the South Carolina Code of Regulations); Engineering and Safety Standards (Sections 103-640 through 103-646 and 103-670 through 103-672 of the South Carolina Code of Regulations); Inspections and Tests (Sections 103-650 through 103-653 of the South Carolina Code of Regulations); Records and Reports (Sections 103-610 through 103-619 of the South Carolina Code of Regulations) and Customer Complaints (Section 103-628 of the South Carolina Code of Regulations); (3) truth-in-billing requirements (Section 103-622.1 of the South Carolina Code of Regulations); and (4) CPNI, Red Flag Rules and other applicable federal and state requirements governing the protection of customers' privacy.

Company is subject to consumer protection obligations for broadband services under federal law. These obligations include, but are not limited to, the following: public disclosure of accurate information regarding network management practices, performance, and commercial terms of broadband internet access services; as a means of providing sufficient information for consumers to make informed choices regarding use of such services, and for content, application, service and device providers to develop, market, and maintain internet offerings as specified in F.C.C. 47 C.F.R. Part 8 §8.3. The Company furthermore will comply with all requirements set forth in the 2015 Open Internet Order when it becomes effective.

**Lockhart Telephone Company  
Demonstration of Ability to Function in Emergency Situations for Voice and  
Broadband**

In light of the new requirements established for reporting on the FCC Form 481 which requires carriers to provide a document that demonstrates the ability to function in emergency situations, Lockhart Telephone Company (the “Company”), hereby certifies that that it is able to function in emergency situations as set forth in the applicable federal and state rules. Specifically, the Company is in compliance with all applicable South Carolina rules and regulations (Section 103-646 of the South Carolina Code of Regulations – *see below*) which the Company demonstrates herein also satisfies the federal requirements under rule 47 C.F.R. § 54.202(a)(2)<sup>1</sup>.

Under these State rules and requirements, the Company is required to ensure that each central office contains “as a minimum two hours of battery reserve;” “make adequate provisions for emergency power;” and, in offices without installed emergency power facilities, has “a mobile power unit available which can be delivered and connected within the period of the battery reserve and can maintain the office for an extended period of time.” Specifically, the Company has battery back-up and can supply the necessary back-up power with a readily available portable generator that enables the network to keep running until power is restored. The Company’s standby generators and battery back-up support both voice and broadband network equipment should an emergency situation occur.

<sup>1</sup> Section 54.202(a)(2) requires ETCs that are designated by the Commission to “demonstrate its ability to remain functional in emergency situations, including a demonstration that it has a reasonable amount of back-up power to ensure functionality without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations.”

Further, under these State rules and requirements, the Company must have in place, “reasonable provisions” to meet emergencies from various forms of emergency situations and “inform its employees as to procedures to be followed in the event of emergency in order to prevent or minimize interruption or impairment of telephone service.” As part of these provisions, the Company ensures that it is capable of managing traffic spikes resulting from emergency situations and has in place a specific repair plan in case there is damage to fiber facilities over which traffic is delivered. Under this plan, any cut in fiber can be repaired by a company-owned splicing trunk in four hours or less. Changing call routing translations will also allow Company to manage traffic spikes throughout its network, as emergency situations require. The Company applies these same procedures for its broadband since the network is a shared/integrated network for both voice and broadband services.

## **Section 103-646 of the South Carolina Code of Regulations**

### **103-646. Emergency Operation.**

A. Telephone utilities shall make reasonable provisions to meet emergencies resulting from failures of lighting or power services, unusual and prolonged increases in traffic, illness of personnel, or from fire, storm, or other acts of God and inform its employees as to procedures to be followed in the event of emergency in order to prevent or minimize interruption or impairment of telephone service.

B. Each central office shall contain as a minimum two hours of battery reserve.

All central offices shall make adequate provisions for emergency power. In offices without installed emergency power facilities, there shall be a mobile



power unit available which can be delivered and connected within the period of the battery reserve and can maintain the office for an extended period of time.

C. In exchanges exceeding 5,000 lines<sup>2</sup>, a permanent auxiliary power unit shall be installed.

<sup>2</sup> Lockhart Telephone is less than 5,000 access lines.

REDACTED - FOR PUBLIC INSPECTION

(700) Price Offerings including Voice Rate Data  
Data Collection Form

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<010>	Study Area Code	24 0532
<015>	Study Area Name	LOCKHART TEL CO INC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Thomas T. Harper
<035>	Contact Telephone Number - Number of person identified in data line <030>	8035819164 ext..
<039>	Contact Email Address - Email Address of person identified in data line <030>	tharper@truvista.biz

1/1/2015
16.63

	Residential Local Service Charge Effective Date	Single State-wide Residential Local Service Charge
<701>		
<702>		

<703>

[illegible]





(1200) Terms and Conditions for Lifeline Customers

Study Area Code: 240532

Study Area Name: Lockhart Telephone Company

Lockhart Telephone Company, d/b/a TruVista does not offer any plans only available to Lifeline customers. Lifeline customers may subscribe to any voice or broadband plan under the same terms and conditions as any non-Lifeline customer, with the exception that Lifeline customers may subscribe to Toll Limitation Service free of charge.

All Lockhart Telephone Co. d/b/a/ TruVista voice plans offer unlimited local calling.

All customers are eligible for any of the LD calling Plans which offer discounts based on packages of minutes up to unlimited nationwide long distance. These plans are offered through TruVista's affiliated Long Distance Carrier (Chester Long Distance Services, Inc.).

If no plan is chosen, LD calls are billed on a per call/per minute basis.

.( See <http://www.truvista.net/>) for a more detailed description of the terms and conditions of all TruVista products.

The pages below are maintained on the TruVista internal web server as an aid to employees:

# Pricing

## Voice

### Lines/Calling Features

Calling Features	Res	Bus		
Exchange Access Line - One Party -Ridgeway	RR1	\$15.50	RB1	\$27.90
Exchange Access Line - One Party - Chester	RR1	\$15.50	RB1	\$27.90
Exchange Access Line - One Party - Great Falls	RR1	\$15.50	RB1	\$27.90
Exchange Access Line - One Party - Lewisville	RR1	\$15.50	RB1	\$27.90
Exchange Access Line - One Party -Lockhart	RR1	\$14.25	RB1	\$23.80
Rotary Line (Hunting)Service	RRLS	\$2.00	RRLS	\$2.00
<b>Advanced Calling-Features</b>				
Anonymous Call Rejection	RRACB	\$2.00	RBACB	\$2.00
Call Block (Selective Call Rejection)	CLR04	\$3.00	CLB04	\$4.25
Call Forwarding	RRCF	\$1.75	RBCF	\$2.75
Call Forwarding Busy Line	RRCFB	\$1.75	RBCFA	\$2.75
Call Forwarding Don't Answer Busy Customer Control		\$1.75		\$2.75
Call Forwarding Don't Answer	RRCFD	\$1.75	RBCFD	\$2.75
Call Hold	RCH	\$1.75	RCH	\$2.75
Call Return (Automatic Recall)	CLR01	\$2.75	CLB01	\$4.00
Call Selector (Distinctive Ringing)	CLR03	\$3.00	CLB03	\$4.25
Call Tracing (Customer Originated Trace)	RRCT	\$3.75	RBCT	\$5.00
Call Waiting	RRCW	\$2.75	RBCW	\$4.25
Call Waiting Deluxe	RRCWD	\$4.00	RBCWD	\$6.00
Caller ID (Calling Number Delivery)	CLR06	\$4.75		\$6.25
Caller ID Blocking Per Line	CIBPL	\$2.00		\$2.00
Caller ID Blocking Per Call	RRID2	\$0.00		N/C
Caller ID Deluxe (Name	RRIDD	\$5.75		\$7.25

and Number Delivery)				
Enhanced Caller ID (Busy Line/idle Line Name )	RRECI	\$8.95	RBECI	\$11.00
Hot Line	RRHL	\$1.75		\$2.75
Remote Access- Call Forwarding	RRCFA	\$6.50		\$9.00
Repeat Dialing (Automatic Call Back)	RRRD	\$2.75		\$4.00
Selective Call Acceptance	RRSCA	\$3.00		\$4.25
Selective Call Forwarding	RRSCF	\$3.00		\$4.25
Speed Calling (8 code)	RRSC	\$1.75		\$2.75
Speed Calling (30 code)	RRSC1	\$2.75		\$3.75
Speed Calling (50 code)	RRSC2	\$3.75		\$4.75
Three Way Calling	RRTWC	\$2.75		\$4.25
Warm Line	RRWL	\$1.75		\$2.75
Single Line Variety Pack	RRVP	\$3.00		\$4.50
Calling Card (Each Call)		\$1.00		\$1.00
Operator Station, Each Call		\$1.25		\$1.25
Person to Person		\$2.50		\$2.50
Emergency Interrupt (Each Request)		\$1.75		\$1.75
Verification Request (Per Request)		\$1.75		\$1.75
Primary Service Listing		\$0.00		\$0.00
Additional Name Listing		\$0.35		\$0.35
Non-Published Service		\$1.00		\$1.00
Non-Listed Service		\$0.50		\$0.50
Residential Voice Mail		\$3.95		
711 Dialing Code Residence		\$0.00		\$0.00

### VACATION RATES

Access Lines SCFEEAL

### Nationwide Talk 500

OCPNW) 500 Nationwide Long Distance Minutes for \$25.00 permonth - Overage minutes above 500 will be charged at \$.09 per minute. Applies to Direct Dialed Domestic calls including Alaska and Hawaii any time of day. No Connection Charges. Calls are rounded up to the nearest Minute. Volume discounts do not apply to this plan. Available to Residential & Business Customers

### Nationwide Talk Plan 250

(OCPNT)] 50 Nationwide Long Distance Minutes for \$12.95 per month. Overage minutes above 250 will be charged at \$.09 per minute. Applies to Direct Dialed Domestic calls including Alaska and Hawaii any time of day.

- No Connection Charges.
- *Volume discounts do not apply to this plan.*
- Available to Residential & Business Customers

### Nationwide Talk 500

**OCPNW) 500 Nationwide Long Distance Minutes for \$25.00 per month** - Overage minutes above 500 will be charged at \$.09 per minute. Applies to Direct Dialed Domestic calls including Alaska and Hawaii any time of day. No Connection Charges. *Calls are rounded up to the nearest Minute.*

- Volume discounts do not apply to this plan.
- Available to Residential & Business Customers

### Nationwide Talk Plan 1000

- **(OCPNN)** Distance Minutes for \$50.00 per - Overage minutes above 1000 will be charged at \$.09 per minute.
- Applies to Direct Dialed Domestic calls including Alaska and Hawaii anytime of day. No Connection Charges. *Calls are rounded up to the nearest Minute.*
- Volume discounts do not apply to this plan.
- Available to Residential & Business Customers

### 9 cents Flat Rate Calling Plan

- **(OCP10)** Flat rate of 9 cents per minute on Direct Dialed Domestic calls including Alaska and Hawaii any time of day
- **NO monthly recurring charge.** No Connection Charges. *Calls are rounded up to the nearest Minute.* Applies to Direct Dialed Domestic calls including Alaska and Hawaii any time of day. No Connection Charges.
- Volume discounts do not apply to this plan.
- Available to Residential & Business Customers



### **The 509 Plan**

- Flat rate of 5 cents per minute on Direct Dialed Domestic State to State calls including Alaska and Hawaii any time. Flat rate of 9 cents per minute on Direct Dialed In-State calls any time.
- \$5.95 Monthly Recurring Charge
- 9.9% Universal Access Fee
- *Calls are rounded up to the nearest Minute.*

### **Unlimited LD**

- One Flat Monthly Charge for All Your Long Distance Calls! \*[View Brochure](#)
- \$29.99

## VOICE: LOCAL

### TRUVISTA, LOCAL TELEPHONE PROVIDER FOR OVER 115 YEARS.

#### BASIC

TruVista provides basic residential local telephone service. If you make many telephone calls within the state beyond your basic calling area you may want to consider an Extended Calling Plan which will save you money over long distance calling.

#### LIFELINE

Lifeline offers a discount on monthly telephone service and associated charges. You may be eligible for Lifeline if you qualify for one of the following:

- Supplemental Nutrition Assistance Program (SNAP)
- Federal Public Housing Assistance (Section 8)
- Low Income Home Energy Assistance Program (HEAP)
- Medicaid
- Supplemental Security Income (SSI)
- National School Lunch (NSL) free lunch program
- Temporary Assistance for Needy Families (TANF)

Please contact your local TruVista business office for more information.

TruVista's regulated services are sold subject to terms and conditions contained in applicable tariffs and contracts. Any inconsistencies between terms, conditions and pricing information presented on this website and such tariffs and contracts will be resolved in favor of the tariffs and contracts. Local service rates do not include standard applicable taxes and fees that apply to all regulated telephone lines. (Such as Federal End User Access Charge, LNP End User Basic Charge, 911, Dual Party Relay Service Charge, Federal Universal Service Charge and State Universal Service Charge). All published rates subject to change.

#### BUNDLES

Explore our Savings Bundles where getting multiple services on one bill adds up to substantial savings - Up to \$100's of dollars per year.

#### OTHER VOICE FEATURES

##### VOICE MAIL

The most reliable, user friendly and cost effective call answering system available today for your home or your business.

TruVista's Voice Mail service answers your incoming calls and records any messages, even if you are on the telephone! There are no machines to buy or repair, no tapes that wear out, and no scratchy voice recordings. You can even set up multiple mailboxes, all password protected. Your messages are secure and easily accessible from any touch-tone phone — anytime, anywhere.

##### INSIDE WIRE MAINTENANCE

Affordable protection for your telephone service for when problems arise that could be costly — especially since most repairs pertaining to telephone service are unexpected.

Whether you have a new home with new technology or an older home with older wiring, TruVista's affordable monthly telephone line maintenance plan will protect you from unexpected repair bills. A monthly maintenance plan for your cable wiring is also available from TruVista Communications. (Inside Wire Maintenance only applies to existing wires and jacks that have been properly installed.)

- Telephone Line Maintenance Plan
- Cable Wiring Maintenance Plan

REDACTED - FOR PUBLIC INSPECTION  
GENERAL SUBSCRIBER SERVICES TARIFF

LOCKHART TELEPHONE COMPANY  
LOCKHART, SOUTH CAROLINA

ELEVENTH REVISED PAGE 1  
REPLACES TENTH REVISED PAGE 1

ISSUED:

EFFECTIVE: JUNE 1, 2013

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3. BASIC LOCAL EXCHANGE SERVICE

3.1 GENERAL

- a. Local exchange service rates in this tariff are identified with the Lockhart Telephone Company
- b. The Base Rate Area is identified on a map filed in this tariff section.
- c. The rates for services not specifically shown in this section are presented in other sections of this tariff.

3.2 RATES

System Access Charges

Residential Access	1 - Party	\$14.25	Per line per month
Business Access	1 - Party	\$23.80	Per line per month
PBX Access		\$23.80	Per line per month
PTAS Access	1 - Party	\$23.80	Per line per month

(I)

## Application for Lifeline

- Lifeline is a federal benefit and willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment or being barred from the program
- Only one Lifeline service is available per household
- A household is defined, for purposes of the Lifeline program, as any individual or group of individuals who live together at the same address and share income and expenses
- A household is not permitted to receive Lifeline benefits from multiple providers
- Violation of the one-per-household limitation constitutes a violation of the Federal Communications Commission's (or "FCC") rules and will result in the subscriber's de-enrollment from the program
- Lifeline is a non-transferable benefit and the subscriber may not transfer his or her benefit to any other person.

## How to apply: four steps

1. Choose whether you will apply because you participate in a qualifying program or because your total household income falls within the guidelines.
2. Fill out the attached form. You must indicate your service address as well as your billing address (if not the same as your service address), as well as the last four digits of your SSN, your date of birth.
3. You must provide photocopies of either the program or income documents. These documents will be examined by TruVista to determine if they provide sufficient proof of eligibility. The documents will not be returned to you and will be destroyed once that examination is completed.
4. You must sign the bottom of the application indicating that you are complying with the Lifeline benefit rules.

## Qualifying Methods

You may qualify for Lifeline either because you participate in one of the following programs or because your income is within the following guidelines. **NOTE: You may receive Social Security and Medicare benefits, but to qualify for Lifeline, you must receive benefits from one of the following programs or your income must fall within the guidelines.**

You **MUST** provide photocopies of any qualifying documentation. **NOTE: PROVIDE PHOTOCOPIES ONLY; WE WILL NOT RETURN ANY DOCUMENTATION.**

### Program Eligibility

- |  |  |
|--|--|
| • Supplemental Nutrition Assistance Program (SNAP) | • Low Income Home Energy Assistance Program (HEAP) |
| • Federal Public Housing Assistance (Section 8)    | • Temporary Assistance for Needy Families (TANF)   |
| • Medicaid   |  |
| • Supplemental Security Income (SSI)               |  |
| • National School Lunch (NSL) free lunch program   |  |

Documentation includes a photocopy of a card or an award letter.

### Income Eligibility

You may qualify to receive Lifeline if your household income does not exceed **135% of the Federal Poverty Guidelines**. The 2014 Federal Poverty Guidelines are shown on the following page.

## Federal Lifeline Program Annual Recertification Form

The Lifeline Program is a federal program that helps eligible consumers pay for wireless or home telephone service by discounting monthly service bills. At least once each year, consumers who receive Lifeline Program-supported service must recertify that 1) they remain eligible, and 2) no one else in their household receives Lifeline Program-supported service.

**You must complete all sections of this form within 30 days to recertify your continued eligibility for the Lifeline Program or your service provider will remove the Lifeline Program benefits from your account.**

**Mail your completed form to:**

**TruVista – Federal Lifeline Program Annual Recertification  
P.O. Box 160  
Chester, SC 29706**

### Section 1: Consumer Information

1 I am 18 years of age or older. <input type="checkbox"/> Yes <input type="checkbox"/> No		
2 First Name:		3 Last Name:
4 Date of Birth (mm/dd/yyyy):		5 Last 4-digits of Social Security Number:
If you are unable to provide the last four digits of a Social Security Number, complete line 6.		
6 Tribal Identification (Tribal ID) Number (if applicable):		
7 Telephone Number:		
Service address of principal residence (no Post Office Box):		
8 Street Address:		9 Apt:
10 City:	11 State:	12 Zip Code:
13 Is this a temporary address? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Billing address, if different from service address (may include Post Office Box):		
14 Street Address:		15 Apt:
16 City:	17 State:	18 Zip Code:

### Section 2: Program Requirement - One Per Household

A "household" is any individual or group of individuals who live together at the same address and share income expenses. Only one person in a household can qualify to receive Lifeline Program-supported telephone service. Only one telephone service in a household can receive Lifeline Program support. A household may not receive Lifeline Program benefits from multiple service providers.

My initials here certify that I meet the one-per-household requirement. I understand that falsely certifying eligibility is a violation of the rules of the Federal Communications Commission and will result in my removal from the Lifeline Program and could result in criminal prosecution by the United States Government.

19		
20		My initials here certify that I reside on Tribal lands (if applicable).
21 Do you live at an address at which there are multiple households? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If "yes" is checked, you must complete a supplemental form to recertify your eligibility. Please contact your service provider.		

### Section 3: Program Requirement - Eligibility

Complete this section to indicate that you (or your dependent or a member of your household) received benefits from at least one of the programs listed below OR your household meets the income requirement.

22 <input type="checkbox"/> I (or my dependent or member of my household) received benefits from at least one of the programs listed below.	
If checked, please indicate the program(s) from which you (or your dependent or member of your household) receives benefits. Check all that apply.	
<input type="checkbox"/> Medicaid <input type="checkbox"/> Supplemental Nutritional Assistance Program (SNAP) <input type="checkbox"/> Supplemental Security Income (SSI) <input type="checkbox"/> Federal Public Housing Assistance (Section 8)	<input type="checkbox"/> Low Income Home Energy Assistance Program (LIHEAP) <input type="checkbox"/> Temporary Assistance for Needy Families (TANF) <input type="checkbox"/> National School Lunch / Free Lunch Program (NSL)
<input type="checkbox"/> I do not receive benefits, but my dependent or a member of my household does receive benefits from a program checked above. Full name of dependent or household member receiving benefits _____.	

23 ☐ My household income is at or below the amount listed below for my state.

If checked, number of people in my household: \_\_\_\_\_

**2015 Poverty Guidelines for the 48 Contiguous States  
and the District of Columbia**

*Effective: January 22, 2015*

Household Size	South Carolina
1	\$11,770
2	\$15,930
3	\$20,090
4	\$24,250
5	\$28,410
6	\$32,570
7	\$36,730
8	\$40,890

*For families/households with more than 8 persons,  
add \$4,160 for each additional person.*

Source: <https://www.federalregister.gov/articles/2015/01/22/2015-01120/annual-update-of-the-hhs-poverty-guidelines#t-1>

**Section 4: Notification Obligations**

You have obligations if you receive Lifeline Program benefits. You must initial the statements below to acknowledge you understand your obligations:

- 24 ☐ I will notify my service provider within 30 days if I (or my dependent or household member) no longer participate(s) in the federal/state programs identified in my application or if my household income exceeds 135% of the Federal Poverty Guidelines.
- 25 ☐ I will notify my service provider within 30 days if I or my household begins to receive more than one Lifeline Program benefit.
- 26 ☐ I will notify my service provider within 30 days if I no longer qualify for Lifeline Program benefits for any reason.
- 27 ☐ I will notify my service provider of my new address within 30 days of moving.
- 28 ☐ I understand these notification obligations and that I may be subject to penalties if I fail to provide this notice.

**Section 5: Certifications**

You must certify the following statements. You must read and initial all certifications.

- 29 ☐ I hereby certify under penalty of perjury that I (or my dependent or other member of my household) currently receive(s) benefits from the federal/state program(s) identified above or my annual household income is at or below 135% of the Federal Poverty Guidelines (or the amount that applies to my state as indicated in the chart above).
- 30 ☐ I hereby certify under penalty of perjury that I acknowledge that my household can only receive one Lifeline Program benefit and to the best of my knowledge my household is not receiving more than one Lifeline Program benefit from either a home phone or wireless service provider.
- 31 ☐ I hereby certify under penalty of perjury that I agree not to transfer my Lifeline Program benefits to another person.
- 32 ☐ I hereby certify under penalty of perjury that I acknowledge that I may be required to recertify my continued eligibility at any time and failure to recertify my eligibility for the Lifeline Program as required will result in my removal from the Lifeline Program.
- 33 ☐ I hereby certify under penalty of perjury that I agree that my service provider may transmit to the Administrator of the National Lifeline Accountability Database my full name, my full residential address, my date of birth, the last four digits of my Social Security Number, my Tribal Identification Number (if I am a member of a Tribal nation), the telephone number to be associated with the Lifeline Program benefit, the date on which the Lifeline Program service began, the date on which the Lifeline Program benefit ended, the amount of support sought by my service provider, and the means through which I qualify for the Lifeline Program benefit. I understand that transmission of this information is required to ensure the proper administration of the Lifeline Program. I also understand that if I refuse to have this information transmitted to the Administrator, I will be denied Lifeline Program benefits.
- 34 ☐ I hereby certify under penalty of perjury that my service provider may continue to monitor my participation in the identified federal/state program(s) for continued eligibility for Lifeline Program benefits.
- 35 ☐ I hereby certify under penalty of perjury that I agree to allow my service provider to exchange any necessary information with the appropriate state or federal agency to verify my eligibility to participate in the Lifeline Program.
- 36 ☐ I hereby certify under penalty of perjury that all of my responses and acknowledgements provided on this application are true and correct to the best of my knowledge.
- 37 ☐ I hereby certify under penalty of perjury that I acknowledge that willingly making false statements or providing false or fraudulent information to obtain Lifeline Program benefits is punishable by law and can result in fines, imprisonment, de-enrollment, or being barred from the program.

38 **Signature (required):**

39 **Date (required):**

40 **Printed Name (required) :**

REDACTED - FOR PUBLIC INSPECTION

**REDACTED – FOR PUBLIC INSPECTION**

**ATTACHMENT - LINE 3010**

**ATTACHMENT REDACTED IN ENTIRETY**